Important Advances in Clinical Medicine

Epitomes of Progress—Orthopedics

The Scientific Board of the California Medical Association presents the following inventory of items of progress in Orthopedics. Each item, in the judgment of a panel of knowledgeable physicians, has recently become reasonably firmly established, both as to scientific fact and important clinical significance. The items are presented in simple epitome and an authoritative reference, both to the item itself and to the subject as a whole, is generally given for those who may be unfamiliar with a particular item. The purpose is to assist the busy practitioner, student, research worker or scholar to stay abreast of these items of progress in Orthopedics which have recently achieved a substantial degree of authoritative acceptance, whether in his own field of special interest or another.

The items of progress listed below were selected by the Advisory Panel to the Section on Orthopedics of the California Medical Association and the summaries were prepared under its direction.

Reprint requests to: Division of Scientific and Educational Activities, California Medical Association, 731 Market St., San Francisco, CA 94103

Ankle Joint Replacement

IN THE PAST ankle arthroplasty was not considered necessary, largely because of the minimal disability associated with arthrodesis. However with the advent of new materials and the successful replacement of other joints, several devices have been developed for the ankle which have provided very good early results. The presently available devices are either stainless steel or cobalt-chromium-molybdenum alloy and ultra-high density polyethylene. They are cemented in place with methylmethacrylate.

Results to date suggest good pain relief, and increased motion may be anticipated in most patients.

For arthritic patients with multiple joint involvement, total ankle arthroplasty warrants consideration after several unsuccessful attempts have been made to achieve arthrodesis and when prolonged immobilization is undesirable. It is considered contraindicated following infection, in the presence of muscle weakness and neuropathic joints, and when a solid ankle arthrodesis already exists.

THEODORE WAUGH, MD

REFERENCES

Waugh TR, Evanski PM, McMaster WC: Irvine ankle arthroplasty prosthetic design and surgical technique. Clin Orthop Related Res 114:180-184, Jan-Feb 1976

Waring TL: Arthroplasty in Campbell's Operative Orthopaedics, 5th Ed. St. Louis, C V Mosby Co., 1971, p 1238

Prevention of Venous Thromboembolism in Orthopedic Patients

ORTHOPEDIC PATIENTS, especially those with hip replacement or hip fracture, are at especially high risk for venous thromboembolism because of the trauma of necessary surgical operation followed by variable periods of rest in bed. However, because of the unique problem of persistent bleeding bone after operation and after fracture, it is impossible to apply the same prophylactic and